GET ALARMED KANSAS

Deaf & Hard of Hearing

Free Smoke Alarm Program

ORDER FORM

Please return to OSFM, kelly.ingold@ks.gov or Fax #785-296-0151. Call 785-291-3586.

Date: _____

REQUESTOR INFORMATION

To participate in the program you must…

- Answer all the questions on this form
- Be a Kansas resident
- NOT live in an institutional facility (dorm, nursing home, etc.)

Contact Name: _____

Street Address: _____

City: _____ County: _____ ZIP: _____

Phone Number: _____ Date of Birth: _____

Email Address: _____

Alternate Contact: _____ Phone: _____

Local Fire Dept.: _____ FDID: _____

CERTIFYING PROFESSIONAL

I confirm this individual has a hearing loss or is deaf.

Name: _____

Signature: _____

☐ Physician

☐ Audiologist

☐ Other: _____

ADDITIONAL INFORMATION

Select the answer to the following questions. Your answers will help us know which equipment meets your needs.

1. Type of Residence: ☐ One Family ☐ Multi-Family ☐ Apartment ☐ Mobile Home
2. Primary Disability: ☐ Deaf ☐ Hard of Hearing
3. Primary Language: ☐ English ☐ ASL ☐ Spanish ☐ Other, specify: _____
4. Are there working smoke alarms in the home? ☐ YES ☐ NO